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Promotion and protection of the rights of children

The girl child

Report of the Secretary-General**

Summary

The present report is submitted pursuant to General Assembly resolution 60/141. It contains a summary of the activities of human rights treaty bodies and special procedures of the Human Rights Council, with a focus on the impact of national action on the well-being of the girl child. The report also provides information on the United Nations agenda regarding efforts to prevent and treat fistula.

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I. Introduction

1. The present report is submitted in accordance with General Assembly resolution 60/141 in which the Assembly requested the Secretary-General to submit a report at its sixty-second session on the implementation of the present resolution, including an emphasis on fistula, with a view to assessing the impact of the resolution on the well-being of the girl child. Section II of the report highlights key points raised at the fifty-first session of the Commission on the Status of Women in February/March 2007. Section III reviews work by treaty monitoring bodies and special procedures of the Human Rights Council. Section IV presents efforts by the United Nations to prevent and treat fistula.

II. Fifty-first session of the Commission on the Status of Women

2. As a follow up to the twenty-seventh special session of the General Assembly on children, at which it was recognized that achieving the development goals for children, particularly girls, was contingent upon, inter alia, women's empowerment, the Commission on the Status of Women at its fiftieth session decided to consider "The elimination of all forms of discrimination and violence against the girl child" as the priority theme in 2007. Based on this priority theme, the United Nations Division for the Advancement of Women organized an online discussion from 14 August to 8 September 2006, in which more than 500 individuals took part, in preparation for an expert group meeting which the Division organized in collaboration with the United Nations Children's Fund (UNICEF) at the Innocenti Research Center in Florence, Italy, from 25 to 28 September 2006. A number of background papers on various aspects of the theme were prepared and other papers were submitted by experts and observers. Full information, including the report on the online discussion and the final report of the expert group meeting, can be found on the website of the Division for the Advancement of Women (www.un.org/womenwatch/daw/csw/51sess.htm).[1]

3. The Secretary-General submitted two reports to the fifty-first session of the Commission. The report of the Secretary-General on the elimination of all forms of discrimination and violence against the girl child (E/CN.6/2007/2) emphasized that in 2006, during the comprehensive review of the targets in the Declaration of Commitment on HIV/AIDS, Member States recognized that gender inequalities and violence against women and girls increased their vulnerability to HIV/AIDS. A study by the World Health Organization had confirmed that large numbers of girl children were subjected to domestic sexual abuse. Discrimination and violence against the girl child remained a global phenomenon despite progress achieved.

4. The report of the Secretary-General on progress in mainstreaming a gender perspective in the development, implementation and evaluation of national policies and programmes, with a particular focus on the elimination of all forms of discrimination and violence against the girl child (E/CN.6/2007/3) assessed the extent to which attention to the girl child has been mainstreamed in policies and programmes at the national level with a focus on an assessment of trends as reported by Member States. While discrimination and violence against girls in the area of education were highlighted in many reports, little attention was paid to younger girls

[1] See Economic and Social Council resolution 2006/9, para. 23 (*a*).

in the area of health. The same applied with respect to reporting on violence, the specific situation of girls often being concealed behind generic concepts such as "women and girls", "boys and girls" or "children" in general. The report also addressed other forms of violence to which the girl child is exposed, such as harmful traditional practices affecting their health and well-being, including son preference, prenatal sex selection, female genital mutilation (FGM), early and forced marriage, early pregnancy and honour crimes. However, little explicit attention was paid to support to victims.

5. The Commission at its fifty-first session, adopted agreed conclusions on the elimination of all forms of discrimination and violence against the girl child.[2]

III. Work by human rights treaty bodies and special procedures of the Human Rights Council

A. Treaty bodies

6. The Committee on the Rights of the Child has consistently emphasized the need for full implementation of the rights of the girl child. An overview of the Committee's concluding observations from September 2005 to June 2007 indicates that, despite the efforts of many States parties to address the issue of equality between the sexes, the persistence of stereotypical attitudes concerning the roles and responsibilities of women and men still constitute an impediment to the full enjoyment of all human rights and fundamental freedoms by girls. Girls living in poverty, girls with disabilities, girls belonging to minorities or indigenous peoples as well as asylum-seeking and refugee girls are often in the weakest position of all and experience multiple discrimination. In some societies the education of girls is not seen as being as valuable an investment as the education of boys. The Committee has recommended, inter alia, that local, religious and other leaders be invited to take a more active role in supporting the efforts to prevent and eliminate discrimination against the girl child and to provide guidance to communities in this regard.

7. Girls are still considered as undesirable in many regions of the world. Selective abortions and infanticide as well as the abandonment of girls continue as negative consequences of existing family planning policies and societal attitudes. All children are not systematically registered at birth, this practice disproportionately affecting girls. The Committee is alarmed at reported cases of crimes committed against girls in the name of "honour" and the continued failure of some States parties to punish the authors of these crimes. In this context, it expressed its concern at the insufficient number of accessible shelters and counselling services for girls who are at risk of becoming victims of "honour" crimes.

8. In its consideration of States parties' reports on the implementation of the Convention, the Committee has systematically stressed the importance of children's right to express their views in all matters affecting them and for those views to be given due weight in accordance with the age and maturity of the child. However, it has noted that traditional attitudes towards children in society, in particular towards

[2] See *Official Records of the Economic and Social Council, 2007, Supplement No. 7* (E/2007/27), chap. I, sect. A.

girls, limit the right to express their views and to have them taken into account, especially within the family, schools and the media. On 15 September 2006, during its forty-third session, the Committee devoted its day of general discussion to the theme "To speak, participate and decide — the child's right to be heard" and urged States parties to pay special attention to the rights of the girl child as sexist stereotypes and patriarchal values undermine and place severe limitations on the enjoyment of the right set forth in article 12 of the Convention on the Rights of the Child (see CRC/C/4313, sect. VII).

9. The Committee has drawn attention to the use of the biological criterion of puberty to set different ages of maturity for girls and boys and that in some States parties a judge has the discretionary power to decide that a child has reached maturity at an earlier age.

10. Child marriages and early pregnancies have a seriously detrimental effect on the health, education and development of the girl child. In many countries the minimum age for marriage is not clearly established, or it is too low and discriminatory. Notwithstanding legislative amendments and media campaigns aimed at raising awareness of the health risks and adverse social effects of early marriage, in some communities young girls may be married with the consent of a guardian and a judge. The Committee has noted with concern that in some countries there are various minimum ages for marriage under different laws and that they are not the same for girls and boys. The Committee has also paid attention to the practice of "temporary marriages" involving girls, sometimes as young as 12 years, who are given in marriage in exchange for money. The Committee is concerned that these girls, often abandoned by their husbands after a short time, are deprived of the rights acquired with legal marriage, are stigmatized, and have little access to measures of physical and psychological recovery and social reintegration. The practice of falsification of documents certifying the age of children in order to "legalize" early marriages has also been among the Committee's concerns. The Committee has recommended, inter alia, that States parties should address the poverty-related parental pressure on girls to marry at an early age.

11. The Committee emphasizes that FGM is incompatible with the principles and provisions of the Convention. It remains concerned that FGM is still practiced and is not specifically prohibited by law in several States parties. The Committee has recommended that States parties strengthen and accelerate their ongoing efforts to prevent FGM and conduct awareness-raising campaigns to combat and eradicate this and other traditional practices harmful to the health, survival and development of girls. It has recommended that States parties introduce sensitization programmes for practitioners and the general public to encourage change in traditional attitudes and prohibit harmful practices, engaging with the extended family and traditional and religious leaders. Furthermore, follow-up procedures for the practitioners of FGM who have renounced the practice should be established. Other harmful traditional practices such as *trokosi*, a form of sexual slavery, have also been addressed by the Committee.

12. In particular, the Committee has expressed concern about violence against girls and has noted with deep concern the occurrence of violence in all settings, even in protective environments such as families and schools. In some countries reports of violence against girls, including sexual abuse, in the family indicate an

escalating trend. The lack of alternative homes for girls may force them to remain in the same homes where the abusers live, or to go back to them if they have fled.

13. During the past two years the Committee has expressed concern at reports indicating that rapes of girls by law enforcement agents have not been investigated, as well as concern about the gang-rape of girls, the rape of girls belonging to indigenous and tribal groups and the rape of girls committed by members of the military. In general, there are few statistics documenting these cases and a limited number of investigations and punishment of perpetrators. Therefore, the Committee has urged States parties to reinforce mechanisms for monitoring the number of cases and the extent of violence, sexual abuse, neglect, maltreatment or exploitation of girls, including within the family, schools and other institutions.

14. In this connection, it is noteworthy to recall that the report of the independent expert for the United Nations study on violence against children, Paulo Sérgio Pinheiro (A/61/299), was submitted to the General Assembly at its sixty-first session. The report addressed the gender dimension of violence against children by recommending that "States should ensure that anti-violence policies and programmes are designed and implemented from a gender perspective, taking into account the different risks facing girls and boys in respect of violence; States should promote and protect the human rights of women and girls and address all forms of gender discrimination as part of a comprehensive violence prevention strategy" (para. 106). A follow-up report will be submitted to the Assembly at its present session. Also at the sixty-first session the Secretary-General submitted to the Assembly the in-depth study on all forms of violence against women (A/61/122/Add.7 and Add.1/Corr.1).

15. The Committee has addressed the vulnerable status of girls with disabilities in its general comment No. 9 (2006) on the rights of children with disabilities (CRC/C/GC/9) in which it requested States parties to pay particular attention to these girls by taking the necessary measures, and when needed extra measures, in order to ensure that they are well protected, have access to all services and are fully included in society (para. 10). It also expressed its deep concern about the prevailing practice of forced sterilization of girls with disabilities. This practice, which still exists, seriously violates the right of the child to her physical integrity and results in adverse lifelong physical and mental health effects. The Committee therefore urged States parties to adopt legislation prohibiting the forced sterilization of children on grounds of disability (para. 60).

16. The Committee has been concerned about girls infected with HIV and/or affected by HIV/AIDS, as well as about the situation of girls resulting from unwanted and/or early pregnancies and complications due to unsafe, often clandestine, abortions, as these have a negative impact on their health and development. In addition to causing risks to physical and mental health, the incidence of adolescent pregnancy also limits the personal development of the individual, has a detrimental effect on young women's ability to sustain themselves financially and creates a "poverty trap" with overall negative effects for society. The criminalization of the termination of pregnancies, particularly in cases of rape and incest, and the lack of adequate sex education and accessible reproductive health services contribute to higher incidence of maternal mortality among adolescent girls. The Committee has also drawn attention to the difficulties pregnant girls face

in order to continue their education as they are often excluded from educational institutions.

17. In its general comment No. 7 (2005) on implementing child rights in early childhood (CRC/C/GC/7/Rev.1) the Committee recalled that the child's right to education includes all children and that girls should be enabled to participate in education without discrimination of any kind, as prescribed in article 2 of the Convention. Persisting gender disparities in the enrolment of children in early childhood care and primary education, including gender biases and stereotypes in school textbooks, curricula and school management, have been highlighted by the Committee, which is also concerned about persistent disparities in access to and availability of education, which negatively affect girls. In many countries girls' enrolment in secondary education is lower than boys'. The higher non-attendance and earlier drop out rates of girls because of traditional views and the exclusion of pregnant girls from school have also attracted the Committee's concern. The Committee has also noted that the lack of appropriate sanitary facilities, including separate toilets in educational institutions, impedes the attendance of girls, particularly in secondary schools. The Committee has recommended, among other things, that States parties take effective measures to address gender disparities in education, for example by expanding literacy programmes for women and girls and developing and adopting a gender-specific education strategy, including scholarship programmes for girls living in rural areas.

18. A large number of girls are still being trafficked, internally and/or across borders, for the purpose of sexual exploitation, prostitution and child labour, particularly domestic labour. The Committee has pointed to underlying conditions which exacerbate girls' vulnerability to all forms of exploitation. These include poverty, lack of adequate resources, persisting cultural attitudes discriminating against women and girls and social stigma. In this context, the Committee has noted with particular concern that the majority of cases identified remain unpunished. Limited information on the extent of the problem and the number of children affected is among the Committee's concerns. The Committee has addressed the issues of increased risk of trafficking and exploitation faced by girls of vulnerable groups, such as girls belonging to minorities or indigenous peoples. In some countries girls from minority ethnic groups are more likely to be victims of trafficking as fewer educational or employment opportunities exist for them. The Committee has recommended that States parties enforce anti-trafficking legislation and strengthen community-based mechanisms to prevent and monitor child trafficking and exploitation, including through local committees, and, at the same time, undertake preventive actions to improve living conditions and economic opportunities, in zones of departure as well as high-risk zones, paying particular attention to economically disadvantaged families.

19. With regard to girls in conflict with the law, the Committee has repeatedly noted that girls, both in pre-trial detention and after sentencing, are placed with adult women in adult facilities. Sometimes girls are either sent back home without adequate provision for guidance and counselling, or placed in alternative homes. It has also noted with concern that children in conflict with the law, particularly girls, are not provided with adequate recovery and social reintegration services. In its general comment No. 10 (2007) on children's rights in juvenile justice (CRC/C/GC/10) the Committee stated: "It is quite common that criminal codes contain provisions criminalizing behavioural problems of children, such as

vagrancy, truancy, runaways and other acts, which often are the result of psychological or socio-economic problems. It is particularly a matter of concern that girls and street children are often victims of this criminalization" (para. 28). The Committee also emphasized that "[s]ince girls in the juvenile justice system may be easily overlooked because they represent only a small group, special attention must be paid to the particular needs of the girl child, e.g. in relation to prior abuse and special health needs" (para. 40).

20. Girls seeking asylum, refugee girls and internally displaced girls are in need of special protection from physical or mental violence, including sexual abuse, maltreatment, exploitation and neglect. The Committee has recommended that the security of refugee and displaced person camps should be improved in order to protect girls against sexual exploitation. It has noted that many former child soldiers and children who took part indirectly in the armed conflict, including girls, do not receive adequate assistance for physical and psychological recovery. All cases of abuse should be fully investigated and prosecuted and perpetrators of these crimes should be sentenced.

21. The Committee on the Elimination of Discrimination against Women has systematically considered the enjoyment of all human rights and fundamental freedoms by girls in its review of the reports of the States parties to the Convention on the Elimination of All Forms of Discrimination against Women. The Committee has consistently drawn attention to violations of girls' civil rights and freedoms as well as of their economic, social and cultural rights.

22. The Committee on Economic, Social and Cultural Rights has drawn attention, among other things, to the difficulties faced by homeless girls, who are more vulnerable to health risks and social and economic deprivation. The Human Rights Committee has expressed concern at violence against girls, including sexual abuse. It has noted with particular concern information according to which young girls are at risk of sexual abuse when commuting to school and at school. The Committee has noted with concern the lack of policy and legislative responses to trafficking in human beings, including girls, and recommended, inter alia, that girls trafficked for purposes of prostitution should be provided with support and assistance. Similarly, the Committee on the Elimination of Racial Discrimination has noted with concern the trafficking of girls for the purpose of sexual exploitation. The low primary school attendance among indigenous girls, reports of rape of girls, continuing practices of child marriage and dowry, and *devadasi* whereby mainly Dalit girls are dedicated to temple deities and forced into ritualized prostitution, have also attracted the Committee's concern. With regard to mortality rates and life expectancy rates, it has noted that girls belonging to minorities are often the most disadvantaged.

23. The reported prevalence of violence against girls, including sexual and domestic violence, and the reluctance on the part of the authorities inter alia, to adopt legislative and other measures to counter this phenomenon have been among the concerns of the Committee against Torture. The Committee has also addressed the issue of gender-based violence and noted with concern the lack of effective measures to prevent and prosecute perpetrators of violence against women and girls by military personnel, including foreign military personnel, stationed in military bases. The Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families has drawn attention to the situation of migrant girls and their alleged exploitation.

B. Special procedures of the Human Rights Council

1. Special Rapporteur on violence against women, its causes and consequences

24. From 2005 to early 2007, the Special Rapporteur on violence against women, its causes and consequences, Yakin Ertürk, addressed issues concerning the girl child throughout her missions. For instance, in her report to the Human Rights Council entitled "Intersection between culture and violence against women" (A/HRC/4/34),[3] the Special Rapporteur highlighted the fact that harmful traditional practices greatly affected the health of women and children. She elaborated upon female genital mutilation in particular. The Special Rapporteur also expressed concerns over the practice of "breast-ironing" which is performed on girls prior to their reaching puberty and aims at controlling women's sexuality.

25. In the report on her mission to the Netherlands (A/HRC/4/34/Add.4), the Special Rapporteur analysed violence in the context of prostitution. She underlined that minor girls are victims of trafficking into sexual exploitation. More specifically, she raised concerns over the fact that pimps seemed to deliberately recruit minor girls at asylum-seeker centres and that a number of minors disappeared from these centres with no investigation made as to their whereabouts. The Special Rapporteur also expressed concerns over the issue of criminal pimps called "lover boys", who deliberately seek out vulnerable girls and pose as their boyfriends before leading them into prostitution through manipulation or violence.

26. In the report on her mission to Sweden (A/HRC/4/34/Add.3), the Special Rapporteur focused on honour-related violence, such as the killing of a girl in order to "cleanse" the family honour, mainly committed by individuals from immigrant communities. She highlighted the need to adapt the existing protection mechanism to the collective nature of such violence.

27. In the report on her mission to Turkey (A/HRC/4/34/Add.2), the Special Rapporteur expressed concern over the large number of women committing suicide in the south-eastern and eastern regions of Turkey. She noted that many of the victims were young women aged 15 to 29. Though the reasons for these suicides vary, the Special Rapporteur noted that there were strong indications that in some cases, suicides could be honour crimes, the victims having been forced by their family to kill themselves. The Special Rapporteur also stressed that there might be links between the suicides and the prevailing climate of patriarchal oppression and violence.

28. In the report on her mission to the Islamic Republic of Iran (E/CN.9/2006/61/Add.3), the Special Rapporteur noted the increase in trafficking of girls and women. She said that most of the trafficking cases were taking place in the eastern provinces, at towns on the borders with Pakistan and Afghanistan.

29. In the report on her mission to Afghanistan (E/CN.4/2006/61/Add.5), the Special Rapporteur reported on the widespread practices of child marriage and forced marriage, which are at the root of most cases of domestic violence. Moreover, the Special Rapporteur pointed to the common practice of bride money, whereby a girl child becomes an asset exchangeable for money or goods. She also

[3] All the reports cited in this section are available on the website of the Office of the High Commissioner for Human Rights (www.ohchr.org).

referred to another form of forced marriage, the Pashtu practice of *bad*, where a girl is ceded by one family to another to settle a dispute upon the orders of a local council. In this regard, she also expressed concerns over the general preference, ingrained in the predominant value system, for male infants over female infants, boys over girls and men over women, which results in women being disproportionately and negatively affected by malnutrition and inadequate medical care.

30. During her mission to Algeria in January 2007, the Special Rapporteur acknowledged progress made with respect to girls' education. At the same time, she expressed particular concern over cases in which girls were ejected from their homes by their families into the streets. A recent mission to Ghana (7-15 July 2007) focused on the ritual servitude of "*trokosi* girls" and the plight of very young girls, referred to as *Kayayee*, who are forced to migrate from the north to the big cities to escape extreme poverty and in some cases family oppression. In the Democratic Republic of the Congo (16-28 July 2007), the Special Rapporteur confirmed that sexual violence was rampant throughout the country and that, increasingly, minor girls were among the victims of rape. She also took note of the large number of cases of fistula and other severe genital injuries resulting from the brutality of rape committed on minors.[4]

31. Finally, in her reports on communications to and from Governments in 2005 (E/CN.4/2005/72/Add.1) and 2006 (E/CN.4/2006/61/Add.1), the Special Rapporteur addressed a number of issues related to violence against the girl child, including rape, girl trafficking, abuse of pregnant women, prostitution of young girls, crimes committed in the name of honour, and forced and early marriage.

2. Special Rapporteur on the sale of children, child prostitution and child pornography

32. In the reporting period from 2005 to 2007, the Special Rapporteur, Juan Miguel Petit, devoted part of his reporting to issues specifically concerning the girl child, while addressing the general theme of children, both boys and girls.

33. In his report to the Human Rights Council at its fourth session (A/HRC/4/31), the Special Rapporteur noted disturbing allegations relating to the illegal trafficking of children for their organs.

34. In the report on his mission to Ukraine (A/HRC/4/31/Add.2), the Special Rapporteur addressed phenomena such as child trafficking, child prostitution and vulnerable children at risk. The Special Rapporteur noted that trafficking in children through and from Ukraine is an alarming problem and referred to data provided by the International Organization for Migration which show that 10 per cent of all victims of trafficking who are known to return to Ukraine, either voluntarily or not, are aged between 13 and 18. Most of them are girls trafficked into sexual exploitation. The Special Rapporteur also expressed concern over child prostitution[5] and pornography, which have increased in Ukraine and referred to a survey by the

[4] The reports on these country visits by the Special Rapporteur are forthcoming.

[5] "The prostitution of children is one form of abuse of children in sexual activities for remuneration or otherwise. Generally, it means that a party benefits from a commercial transaction in which a child is made available for sexual services involving either a pimp or an abuser who negotiates directly with the minor" (A/HRC/4/31/Add.2, para. 54).

Ukrainian Institute of Social Studies, which stated that from 2001 to 2002, among females who engaged in commercial sex 11 per cent were minors aged 12 to 15 years, while 20 per cent were minors aged 16 to 17 years. The research also indicated that 10-year-old girls have been forced into prostitution.

35. In his main report to the Commission on Human Rights at its sixty-second session (E/CN.4/2006/67), the Special Rapporteur addressed the role of the demand factor in the commercial sexual exploitation of children and underlined the importance of studying and understanding its dynamics in order to develop proper and efficient legal and political policies to deter it. He stated that the demand for children for the purpose of sexual exploitation and men's demand for prostitutes in general are inextricably linked, and referred to reports by both States and non-governmental organizations highlighting that discriminatory attitudes on the basis of race, ethnicity, colour, social status or gender contribute to demand. Discriminatory attitudes make victims invisible, especially girl child victims of commercial sexual exploitation. The Special Rapporteur referred to a Latin American non-governmental organization which asserted that the *machista* culture in that region favoured a belief that underage girls involved in prostitution "know what they get themselves into". The Special Rapporteur noted that despite the existence of laws criminalizing the commercial sexual exploitation of children, it was widely tolerated and the perpetrators of this crime enjoyed virtually total immunity. Some of the reasons for such tolerance include the perception that girl victims of child prostitution are from marginalized families who are themselves responsible for their situation of vulnerability; blame tended to be placed on both the families and the girls themselves.

36. The Special Rapporteur also noted that the sexual exploiters are overwhelmingly men, while girls are the vast majority of the sexually exploited. As a consequence, any intervention aimed at combating this practice should address fundamental and systemic values and beliefs that accommodate and sustain sexual violence and sexual exploitation of children. Some of these are patriarchy, beliefs surrounding sexual dominance and machismo, male power and control, the viewing of children (especially girl children) as objects to be possessed, and perverted cultural beliefs. He stated that it is only through the empowerment of women that the demand for children for the purpose of sexual exploitation can be reduced.

37. In his reports on communications to and from Governments in 2005 and 2006 (E/CN.4/2006/67/Add.1 and A/HRC/4/31/Add.1), the Special Rapporteur raised a number of issues related to the girl child, including trafficking for the purposes of commercial sexual exploitation, prostitution and pornography; physical and sexual abuse; disappearance and sale of children, including young girls; forced and early marriages; and trafficking for the purpose of international adoption or for sexual or labour exploitation.

3. Special Rapporteur on the human rights aspects of trafficking in persons, especially women and children

38. In the reporting period from 2005 to 2007, the Special Rapporteur, Sigma Huda, dealt with girl child trafficking in many contexts, without neglecting the situation of women and children in general.

39. By the reports on her mission to Bahrain, Oman and Qatar (A/HRC/4/23/Add.2 and Corr.1), the Special Rapporteur noted that the main groups

vulnerable to abuse and exploitation are mainly women and girls recruited as domestic workers and entertainers. Recent legislation in Oman and Qatar concerning child camel jockeys, for instance, has been effective in addressing the exploitation of children for this purpose. The Special Rapporteur stated that close monitoring to completely end trafficking of children for this purpose is urgent and imperative.

40. In her main report to the Human Rights Council at its fourth session (A/HRC/4/23 and Corr.1), in which she focused on the question of forced marriages in the context of trafficking in persons, the Special Rapporteur defined what constitutes a forced marriage and listed different forms of forced marriage. The responses to a questionnaire on forced marriage sent to States confirmed that the main victims of forced marriages are women and girls. The practice of child marriage of girls is considered by many as the socially legitimized institutionalization of sexual abuse and marital rape, sometimes of very young girls. This practice has serious physical, psychological and health consequences on the girls involved. These marriages result in, inter alia, a high incidence of sexually transmitted diseases, including HIV/AIDS, disabilities such as fistula, and death as a result of premature childbirth.

41. In her main report to the Commission on Human Rights at its sixty-second session (E/CN.4/2006/62), the Special Rapporteur stated that women and girls oppressed on the basis of race, nationality, caste and/or colour are especially vulnerable to sexual exploitation. She observed that, according to recent data, while the majority of victims of trafficking are currently women and girls, trafficked essentially for commercial sexual exploitation, significant numbers of human beings are trafficked for labour exploitation while children are also trafficked for international adoption. The Special Rapporteur highlighted the marketing of women and children via the Internet and under the cover of marriage-brokering services or pen pal clubs. In addition to violations suffered at the hands of traffickers, victims often suffer from re-victimization. Women and young girls who are trafficked into the sex industry are penalized by being charged with prostitution offences instead of receiving assistance as victims.

42. In the report on her mission to Lebanon (E/CN.4/2006/62/Add.3), the Special Rapporteur highlighted the magnitude of child prostitution. She referred to a survey by a non-governmental organization, Dar el Amal, which had analysed 450 cases of women involved in prostitution, including 157 girls, most of whom had experienced extreme poverty, early marriage and sexual abuse. The Special Rapporteur was particularly concerned about reports that Iraqi and Syrian girls as young as 12 years old were increasingly being trafficked to Lebanon for prostitution. Another area of concern regarding the girl child is early and forced marriage. Marriage ceremonies are conducted by religious authorities, some of whom do not enforce compliance with the minimum age requirements, including these of their own religious law, particularly in northern Lebanon. In some cases, those early marriages are related to transnational trafficking. In an ill-conceived attempt to preserve the family links to their home country, some families in the Lebanese diaspora deceive their daughters into travelling to their Lebanese home village, where they are forced into a marriage with a local male. Australian authorities have documented 12 such cases involving Australian girls of Lebanese descent. Seven victims were under 16 years old.

43. The Special Rapporteur's mission to Bosnia and Herzegovina (see E/CN.4/2006/62/Add.2) highlighted the urgency of endorsing UNICEF recommendations on the need to increase general prevention measures to identify children vulnerable to becoming victims of trafficking and to make use of the Guidelines for the Protection of the Rights of Children Victims of Trafficking (including young girls) concerning detection, registration, referral, shelter, protection and follow-up for children from Bosnia and Herzegovina in particular.

44. In reports on communications to and from Governments in 2005 and 2006 (E/CN.4/2006/62/Add.1 and A/HRC/4/23/Add.1), the Special Rapporteur raised a number of issues related to violence against the girl child, with particular focus on trafficking for commercial sexual exploitation, prostitution, trafficking for international adoption or for sexual or labour exploitation, forced and early marriages, and honour-based crimes.

IV. Efforts to prevent and treat fistula at the United Nations

45. As reported by the United Nations Population Fund (UNFPA), obstetric fistula is a devastating childbirth injury that leaves women incontinent, ashamed and often isolated from their communities. As with maternal death, fistula is entirely preventable through skilled delivery care and timely access to emergency obstetric care. The voices of the women who have suffered from fistula are drawing the attention of policymakers, media and the public to the risks women encounter during pregnancy and childbirth in developing countries.

46. For decades, the international community has campaigned to scale up maternal health services and prevent maternal death and disability. The commitments to reduce maternal mortality made at the International Safe Motherhood conference in Nairobi in 1987 were reaffirmed at the International Conference on Population and Development in 1994 and again in 2000 at the Millennium Summit of the United Nations. Yet despite some advances, the number of annual maternal deaths has remained unchanged for two decades. Progress has stalled in many countries; in some, the situation has deteriorated. Often, competing priorities and insufficient national resources combine to push women's health off the political agenda. Health systems are also overburdened, constrained by a lack of investment and resources, both human and material.

47. The continued incidence of obstetric fistula exposes the challenges and gaps that persist in reducing maternal mortality and morbidity. The condition affects more than 2 million girls and women in developing countries, with as many as 100,000 new cases each year. These women have suffered a near-death experience and often the loss of their baby from entirely preventable complications. Their stories reveal structural and health system failures as well as the social, cultural and economic factors underlying maternal death and disability. Women who have experienced fistula can advocate at community, national and global levels for improved health services. They can also call attention to women's basic rights to health and a life of dignity.

48. In 2003, UNFPA and its partners launched the global Campaign to End Fistula, which includes interventions to prevent fistula from occurring, treating women who are affected and helping women who have undergone treatment return to full and productive lives. The Campaign's ultimate goal is to make fistula as rare in

developing countries as it is in the industrialized world, by 2015, in line with targets adopted at the International Conference on Population and Development and the Millennium Development Goals. The Campaign strives to build political commitment and broad support for achieving the international goals related to maternal and newborn health by highlighting the human consequences of a failure to act.

49. Beginning with just 12 countries in 2003, the Campaign is now active in more than 40 countries in sub-Saharan Africa, Asia and the Arab region. Fistula elimination efforts are nationally designed and driven, with each country undergoing a rapid needs assessment followed by the development and implementation of a national fistula elimination strategy. To date, 32 countries have completed needs assessments and more than 20 countries are implementing their national programmes. There has been a significant shift in the last two years resulting in many countries moving into implementation phase. With this shift, UNFPA has been increasing its financial and technical support to countries as their needs expand in the implementation period. The results to date include the following:

(a) Thirty-two countries have successfully mapped out the condition of obstetric fistula;

(b) Eleven countries have integrated fistula into relevant national health policies/plans;

(c) Seven countries have adopted national fistula elimination strategies;

(d) More than 20 countries are currently implementing fully fledged fistula elimination programmes;

(e) More than 4,500 women have received fistula treatment with support from UNFPA and its partners.

50. The year 2006 was notable, as the majority of Campaign countries entered full-scale implementation of their fistula elimination programmes. With additional resources, the Campaign countries have delivered exceptional results:

(a) More than 2,000 women received fistula treatment with support from UNFPA and its partners;

(b) Tens of thousands of women and men have been sensitized about fistula and the prevention of maternal death;

(c) Forty-six health facilities were supported and 318 health personnel of varying cadres received training in fistula management;

(d) Ninety-seven health and social work personnel were trained to assist women in social reintegration.

51. In order to build on these gains, substantial investments by the international community are critical. While prevention is the ultimate solution to ending fistula, there is a strong commitment to treating women who are already affected. In most cases, the injury can be mended by simple surgery, with success rates as high as 90 per cent. UNFPA and its partners support all areas of treatment from training health personnel in fistula management to equipping and upgrading fistula centres. The ability to provide care for more women has increased significantly in many Campaign countries. The comprehensive approach to fistula programming is

intended not only to heal women and their communities, but also to prevent fistula from occurring. Effective prevention must include community mobilization and sensitization to address the social and cultural determinants that perpetuate maternal death and disability. Strong partnerships within the communities are critical for raising awareness and promoting behaviour change to improve maternal health.

52. Some of the developments at the national level are:

(a) After viewing an advocacy film developed by CNN in collaboration with UNFPA, President Abdoulaye Wade of Senegal declared that fistula treatment services would be free and that efforts would be made to ban early marriage;

(b) The Association of Midwives of Niger travelled through 60 villages addressing the causes and consequences of fistula, family planning, antenatal care, skilled birth attendance and emergency obstetric care. This effort reached more than 27,000 women and men and led to the identification and immediate surgical care of 10 women living with fistula;

(c) In Eritrea, female and male health educators were trained as part of a community mobilization/education project for the promotion of safe motherhood and fistula prevention. There has been a substantial increase in use of antenatal care and delivery services at the local health facility. Specifically, the mid-intervention assessment noted that the number of antenatal care visits had increased by 70 per cent, and deliveries by health workers had increased by 67 per cent;

(d) Bangladesh continued to make advances in fistula treatment, training 27 doctors and 30 nurses from different medical college hospitals throughout the country in order to decentralize services and treating 161 patients with complicated fistula at Dhaka Medical College Hospital;

(e) In Pakistan, 50 health-care providers located throughout the country, including 8 doctors, 24 midwives and nurses and 28 paramedical staff, received training in fistula management. Seven treatment camps were organized and 206 patients with fistula were treated.

53. In addition to the physical toll that fistula inflicts, its severe social consequences render affected women even more vulnerable within society. Many patients lose their husbands and their place in the community. Social reintegration that reinforces women's capacities and ensures discussions between counsellors and community members helps women successfully return to society and carry out productive lives. Effective reintegration can prevent women from having a recurrence of fistula and serve as a powerful advocacy tool to prevent other women from developing the condition.

54. By the end of 2007, nearly all Campaign countries will have completed needs assessments and the majority will have entered into programme implementation. Stronger partnerships with civil society will have been forged to provide comprehensive care for women living with fistula and to advocate for prevention of maternal mortality and morbidity. New research and data-collection efforts to fill research gaps will be launched and guidance will be provided on addressing social, economic and cultural aspects of fistula and providing outreach treatment services.

55. With this year marking the twentieth anniversary of the Safe Motherhood Initiative, there is no better time than now to strengthen health systems and health workforces to protect the health of mothers, children and families. It provides a

strong call for intensified commitment to end maternal mortality and morbidity. By focusing on fistula, UNFPA and partners have turned the spotlight onto poor maternal health. The international community must now seize the momentum that has been generated to provide countries with the increased resources necessary to avert maternal death and disability. To do so would improve the lives of millions of women and girls.